#### FORM D

FEB % 1 2007

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1335	174
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average bu	rden
hours per response	16.00

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Note Financing (and the preferred and common stock issuable upon conversion thereof) □ ULOE Filing Under (Check box(es) that apply): Rule 504 ☐ Rule 505 □ Rule 506 Section 4(6) New Filing ☐ Amendment Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer. Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Daylife, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code c/o Meetup.com, 632 Broadway, 10th Floor, New York, NY 10012 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) as above Brief Description of Business Online consumer service Type of Business Organization other (please specify): Corporation limited partnership, already formed ■ business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 0 2 0 5 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)



#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Shardanand, Updendra Business or Residence Address (Number and Street, City, State, Zip Code) 374 W. 11th Street #5, New York, NY 10014 Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Tercek, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 324 Farragut Avenue, Hastings on Hudson, NY 10706 Promoter Check Box(es) that Apply: □ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Donovan, John Business or Residence Address (Number and Street, City, State, Zip Code) 299 Riverside Drive, Apt. 5E, New York, NY 10025 Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **New York Times Company** Business or Residence Address (Number and Street, City, State, Zip Code) 229 West 43rd Street, 12th Floor, New York, NY 10036 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Archer Martin Daylife LLC Business or Residence Address (Number and Street, City, State, Zip Code) Seven West 96th Street, 15th Floor, New York, NY 10025 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chertok, Douglas Business or Residence Address (Number and Street, City, State, Zip Code) c/o Archer Martin Daylife LLC, Seven West 96th Street, 15th Floor, New York, NY 10025 ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No ⊠			
2. What is the minimum investment that will be accepted from any individual?										\$	n/a		
										Yes ⊠	No □		
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE</li> </ol>													
Full Name (Last name first, if individual) n/a													
Business or Residence Address (Number and Street, City, State, Zip Code) n/a													
Name of Associated Broker or Dealer n/a													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individuals States)										All States			
(	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
{	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-	MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Full Name (Last name first, if individual) n/a												
Busi	Business or Residence Address (Number and Street, City, State, Zip Code) n/a												
Nam	e of Ass	sociated Bro	oker or Dea	ler n/a									
State	s in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "All States" or check individuals States)										All States			
ĺ	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[	MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual) n/a													
Business or Residence Address (Number and Street, City, State, Zip Code) n/a													
Name of Associated Broker or Dealer n/a													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individuals States)									🔲 A	II States			
[	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[	IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CI	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	Ar	nount Aiready Sold
	Debt	\$	0.00	\$	0.00
	Equity	\$	0.00	\$	0.00
	☐ Common ☐ Preferred			-	
	Convertible Securities (including warrants)	\$	1,300,000.00	\$	1,000,000.00
	Partnership Interests	\$	0.00	\$	0.00
	Other (Specify)	\$	0.00	\$	0.00
	Total	\$	1,300,000.00	\$	1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate ollar Amount of Purchase
	Accredited Investors	_	11	\$ .	1,000,000.00
	Non-accredited Investors		0	S	0.00
	Total (for filings under Rule 504 only)	_	0	\$_	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		m 6	•	
	Type of Offering		Type of Security	υ	ollar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total			\$ _	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	у			
	Transfer Agent's Fees			\$	0.00
	Printing and Engraving Costs			\$	0.00
	Legal Fees		$\boxtimes$	\$	30,000.00
	Accounting Fees			\$	0.00
	Engineering Fees			\$	0.00
	Sales Commissions (specify finders' fees separately)			\$	0.00
	Other Expenses (identify)			\$	0.00
	Total		$\boxtimes$	\$	30,000.00

	C. OFFERING PR	ICE, NUMBER OF INVES	TORS, EXPENSES AND USE OF	F PROCEE	os		
total expenses	furnished in response to Pa	rt C — Question 4.a. T	response to Part C — Question his difference is the "adjusted	gross		\$	1,270,000.00
of the purposes to the left of th	shown. If the amount for a	y purpose is not known, in payments listed must equ	used or proposed to be used fo furnish an estimate and check that the adjusted gross proceeds	ne box			
				Đi	oyments to Officers, rectors, &	P.	ayments to
Salariae and fac	c			_	Affiliates0.00	□ \$	Others 0.00
				_	-	☐ \$	
			t	_		☐ \$	
	•					☐ \$	•
						<b>□</b> <sup>□</sup>	0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)						□ \$	0.00
Repayment of indebtedness						□ \$	0.00
Working capita	l			🗆 s	0.00	<b>⊠</b> \$	1,270,000.00
Other (specify)				_ 🗆 s	0.00	□ \$	0.00
Column Totals				🗆 \$	0.00	<b>⊠</b> \$	1,270,000.00
Total Payments	Listed (column totals added)			***	⊠ \$	1,270	<u>,000.00</u>
		D. FEDERAL	SIGNATURE				
signature constitut	es an undertaking by the issue	ier to furnish the U.S. Se	aly authorized person. If this no curities and Exchange Commist to paragraph (b)(2) of Rule 502	sion, upon			
Issuer (Print or T	/pe)	Signature			Date		
Daylife, Inc.		I U.S. I					
Name of Signer (F	rint or Type)	Title or Signer (Print o	or Type)				
Upendra Shardanai	nd	President and Chief Exe	ecutive Officer				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

